


STERILITY IN WOMEN

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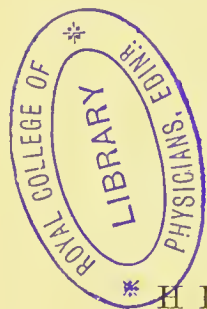
STERILITY IN WOMEN:

ITS CAUSES AND CURE.

BY

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HENRY RENSHAW,

356, STRAND, LONDON.

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INTRODUCTION.



DOMESTIC happiness, based upon the domestic virtues, is the highest and purest expression of human felicity that the world can know, and wherever it exists, in the cottage or the palace, commands alike the respect and admiration of mankind. It is the dream of all hymeneal unions founded upon love and esteem, and the destiny that, like a pillar of fire, beckons us all onwards to a land of promise flowing with milk and honey, and bright with beauty and rich prospects. The love of offspring, Nature's common law, insensibly entwines itself with all those hopes and aspirations, and enters largely into those associations that man projects for himself into the future of his life; and thus the love of husband and wife

seeks as naturally to merge itself into the attributes of parenthood as the bud into the beauty of the flower and the petals of summer into the fruits of autumn. How many a young career with this fair goal in front of it has been wrecked by disappointment in this respect, and the lives of two beings who had started together so pleasantly on life's journey rendered empty and incomplete in consequence.

It is to meet this widespread yearning, and to fill up, as far as practicable, the blanks in such lives—more numerous than it is generally supposed—that this little book has been written. The subject of it has occupied my attention for many years; and as I was early placed in a position to study it practically, I have here given the results of my extended experience, and the reader will be able to judge how far the several cases that present themselves to him will fall within the category of those I have described. The literature of sterility, from a practical point of view, is very meagre and unsatisfactory; and I have been obliged,

on that account, to refer to my own experience in this department in a manner that may appear egotistical and dogmatic; but if the requirements of the subject are duly considered, I hope to be acquitted of any such intention, and that it will be found I have placed a series of facts and propositions before the reader from which it was impossible to altogether eliminate the personal element. In the exposition of this subject I have endeavoured to avoid the use of any word or expression that could wound the susceptibilities of the most sensitive, and where it was necessary to make my meaning plain on matters outside the range of common conversation, I have tried to do so as delicately as possible, and by the employment of technical terms, which simply convey definite, scientific ideas.

J. B. R.

STERILITY: ITS CAUSES AND CURE.

THE IMPEDIMENTS TO CONCEPTION

may conveniently be divided into mechanical and functional. Under the head of mechanical may be enumerated all those defects in the size and shape, all those alterations in the position of, and obstructions in, the several passages leading to the central organ of generation, which is technically called the **Uterus**.

Under the head of the latter may be placed the several inabilities on the part of this organ to properly perform its functions, the chief of which are **Ovulation** and **Menstruation**. By far the largest proportion of sterile marriages result from the former class of causes, and the most frequent of all

in this class from the more or less complete closure of the mouth or obstruction within the canal of the uterus, which is technically known as **Atresia Uteri**.

As it will facilitate the apprehension of this subject to have a rough knowledge of the rudimentary anatomy of the parts concerned clearly in the mind, I will ask the reader for this purpose to imagine to himself an indiarubber bag 3 inches long, 2 inches wide—so solid as to be only toughly pliable, and containing within a cavity of less than a third of its entire bulk, pear-shaped, and with the lower part tapering to a neck, just like the stalk end of the pear. This will give a sufficiently precise knowledge of the size and shape of the uterus. To this I may add that three-fourths of this organ, called the **Body**, is suspended within the cavity of the Pelvis by membranes, called its ligaments, within which are contained the **Fallopian tubes** and **Ovaries**, which I need not here wait to particularise further. The remainder, called the neck, juts into the upper part of the **Vagina**, and can in

that situation be felt by the finger introduced into the passage as far as it can go. At the extreme end of this vaginal portion of the uterus there is a hole, called the **Os** or mouth, which gives admittance to a canal, about the size of a goose-quill, leading to the cavity of that organ, and so on to the Fallopian tubes and ovaries before mentioned. This chink or hole in its natural state is sufficiently large to admit the tip of the little finger, but in the condition described as

OBSTRUCTION AT THE MOUTH, OR WITHIN THE CANAL OF THE UTERUS,

it is either altogether occluded or usually so diminished in its circumference as to scarcely admit the head of a pin. Complete closure of the mouth is either congenital or acquired. By congenital, of course, is meant that condition existing before and at the time of birth, and results from some imperfection arising from natural causes; the other is

usually the effect of some ulceration or inflammation, or other accident, which seals up the parts concerned, and may occur at any period of life. Of course, if there is complete closure of the mouth, it is easy to understand that nothing is able to pass out of or enter into the cavity of the uterus. Therefore when a woman arrives at the age of puberty she cannot **menstruate** in the ordinary way, and the fluid is either retained, month after month or year after year, within the cavity of the organ, enlarging it to an enormous size, or the system, by a wonderful elasticity of nature, cleanses itself by a periodical discharge of blood from the nose, mouth, eyes—and even sometimes the ears—and thus affords vicarious relief to the parts affected. These, it need scarcely be added, are very serious conditions, and fraught with great danger to life in the one case, and much prejudice to health in the other.

COMPLETE CLOSURE OF THE MOUTH
OR OF THE CANAL OF THE UTERUS
FROM CONGENITAL CAUSES

is of rare occurrence, and is usually associated with such marked and definite symptoms that there ought to be no difficulty in recognising it at an early period; but occasionally it escapes attention in a most remarkable manner, and has been left undiscovered and unsuspected for many years. As an instance of this I may state that some time ago a young lady, twenty-six years of age, living in Devonshire, consulted me for the following unusual symptoms:—Since sixteen years of age she had suffered, at intervals of six to eight weeks, from an irregular discharge of blood from the nose, mouth, and eyes, accompanied by an intolerable feeling of weight and misery in her head, “as if she must go mad,” together with a sensation of extreme distension upon taking the slightest meal, “as if her stomach would burst.” Her complexion at the time of her visit to me presented a very remark-

able appearance, being of a most unusually livid and dusky hue, and her face was very puffed and swollen. I gathered from her that she had never menstruated, and had taken "gallons of medicine to bring it on" without any effect. I at once suspected the nature of the case, and a local examination disclosed a complete congenital closure of the mouth of the uterus, and, of course, clearly accounted for all the symptoms from which she had suffered. I pointed out to her the futility of all medicines in a condition of this kind, and recommended her to at once go into the pay ward of an hospital for women with which I was then connected, for the purpose of an operation. She did so; and within a month I had the satisfaction of finding that she not only menstruated in a perfectly natural manner, but the alteration in her appearance and health was so remarkable that it was made the subject of comment amongst her friends. Her complexion, which up to that time had been getting more and more livid and congested, and the expression of the face more and

more indicative of chronic suffering, changed into a soft rose hue, and she returned to her home bright and happy, and not unworthy to sustain the reputation of her beautiful county for the lovely complexion of its daughters. On the other hand,

CONSTRICION OF THE MOUTH OF THE UTERUS

is of very frequent occurrence, and is, I should say, the cause of nine-tenths of the cases of sterility that are met with in practice. The history and symptoms of this condition are not always uniform, and sometimes far from correlative with the amount of obstruction present. As a general rule, the subject of this malformation commences to menstruate about fifteen years of age, *with a considerable amount of pain*, which, in a greater or less degree, is seldom or never absent during each subsequent menstrual epoch, and is often of so agonising a nature as to render life almost intolerable, the poor sufferer scarcely recovering from one attack before she is called on to

endure another. This symptom is technically called

DYSMENORRHŒA, OR PAINFUL MENSTRUATION,

and is one of the most frequent maladies for which a medical man is called upon for advice, and which demands the exercise of considerable judgment to treat with success. If the subject of it is a young unmarried woman, all local interference ought, I need scarcely say, to be avoided as far as practicable, and operative measures only adopted under the most pressing necessity. Fortunately medicinal treatment is usually able to palliate the worst cases until after the epoch of marriage, when a simple operation ought to be resorted to for its cure. A very widespread error prevails on this subject, and it is a very common notion that the event alluded to is the natural cure for all trouble of this nature. But it is well known to those who understand the question that when the subject of such an abnormality enters upon married

life, the consequences are generally very disastrous. All the evils, the pain, the excessive menstruation, the profuse leucorrhœa, that had previously existed are greatly increased; and to these are superadded inflammation and ulceration of the uterus, **dysparunia**, and sterility, or, should conception take place, successive abortions, together with all the attendant train of nervous disorders that ultimately leads to disappointment and unhappiness. Under these circumstances a little painless operation, free from any danger, will relieve her not only of her bodily sufferings, but place her in a position to become a contented wife and happy mother, and ought therefore to be advised as soon after marriage as convenient.

Dysparunia* and **painful menstruation**, then, as we have seen, are not infrequent attendants upon a sterile marriage, and when present are almost conclusive evidence that constriction of some portion of the uterus is the cause for it. For the

* A somewhat recent term, signifying "painful intercourse."

complete cure of this malformation I have within the last few years perfected an operation which had nearly fallen into disuse, on account of some practical disadvantages connected with it; but by a new method of operating, to be described hereafter, and by the co-operation of a little instrument that I have contrived, I have completely obviated all these difficulties, and have not only rendered the operation almost painless, but curtailed the period of treatment to a very considerable extent. I brought the plan of these proceedings before the notice of the profession through the medium of an article in the *Lancet* in November 1882, and the following extract will show in what particulars it claims to be superior and more successful:—

“It will, I think, be admitted without question that dysmenorrhœa and its widespread effects solicit the attention of the profession more frequently than all the other diseases of the uterus put together. Any new mechanism, therefore, that has for its object the further alleviation of a

malady so distressing, on account of its physical, physiological, and psychological consequences, will, I feel sure, be received with that consideration which the importance of the subject deserves. The idea of making the cervix-uteri the *point d'appui* or fulcrum for an intra-uterine stem, instead of the vagina or a point outside the body, as has hitherto been the case, had been present to my mind in an indefinite shape for a long time, and is only the extension of another, which had for its object a contrivance for keeping separate the lips of the cervix after incision. Those who have been called upon to perform this operation, and all who have written on the subject, are aware that a successful issue depends altogether upon the tedious after-treatment, and is but little affected by the mode of operating. Dr. Atthill of Dublin, than whom no one has written more practically upon this point, says in his 'Diseases of Women'—
'Passing the uterine sound daily *for at least two or three weeks* subsequent to operation, and at *intervals for some time longer*,

I find to be usually sufficient to prevent the divided surfaces from uniting.' If one will but pause for a moment to consider the almost unbearable distress to the patient and the humiliating tedium to the practitioner involved in such a proceeding, it will not be wondered at that so many should have pronounced this operation to be most unsatisfactory. I have examined the cervix-uteri after operation by most of the well-known gynæcologists in London and elsewhere, and have usually found that after a time its canal and outlet had *contracted back to their originally abnormal conditions*, and that the history of the majority of the patients was, that they had had more or less relief for a few months after operation, but that the pre-existing symptoms had returned as severely as ever. Again, those who have had any experience in the application of the various forms of uterine pessaries must very often have felt extremely disappointed with their general results, and will, I think, agree with me that not one-tenth of the patients for

whom they are used obtain any marked benefit therefrom. Intra-uterine pessaries undoubtedly give much better results, but their mechanism hitherto has been so complicated and imperfect as to render their introduction and retention both difficult and distressing. I hope, however, that the instruments that I now submit to the profession will be found to obviate all the difficulties and distresses that I have enumerated. Their mode of application is so easy, and the principle on which they are based so simple, that a glance at the diagram will be sufficient to indicate this without any tedious details on my part. It may be objected that an intra-uterine stem, as applied in this manner, will not alter any abnormal axis of the uterus; but I do not think that this is a matter of any great consequence, because the chief objects, I think, to attain by this mode of treatment are to straighten the organ in question and keep its canal pervious. It may also be thought that the metal pins on which the instruments are based might set up

irritation at the points of puncture, and easily tear through the structures, but I can answer from experience that neither of these objections will be found to be realised in practice, and that they can be worn for months without inconvenience. I hope that those who, like myself, make a special study of the diseases of women will give these instruments, which are made for me by Messrs. Krohne & Sesemann of Duke St., Manchester Square, a fair trial, and kindly acquaint me with the results of their experience."

From this it will be observed that the old way of operating was not only very painful and very tedious, but usually altogether futile, from the tendency of the new canal to close up and ultimately contract back to its original condition. The little instrument to which I have alluded completely obviates all these difficulties, and opens a road to success in the treatment of sterility that I believe has not hitherto been essayed. I think I cannot do better, in order to illustrate the nature of the symptoms met with in obstructive sterility,

and to show the prospects that may be reasonably held out for its cure, than to give the history of a few of the more recent cases that have been under my care for that purpose. The other causes of sterility will be noticed in due order; and I will quote under the head of each a few cases to illustrate their relative characters:—

In the summer of 1880, Mrs. L——, aged twenty-six, residing in a suburb of London, came to consult me for the excruciating pain she suffered at her monthly periods. She had been married six years, and had had no sign of a family, and all her sufferings had greatly increased since her marriage. For the first three days of the menstrual epoch her agony was so great that she writhed and groaned with pain almost continuously, and was obliged to be under the influence of opium or chloroform to help her to bear her sufferings at all. The consummation of marriage had gradually grown from an act of indifference to one of repugnance, and latterly to feelings of loathing and pain. She did not desire any

children herself, but her husband did so exceedingly, and the relations between them on these several accounts were getting more and more strained and unhappy. She felt her life was a burden to her, and the misery of her condition was always hanging like a sword over her head. A local examination disclosed a very conical-shaped neck to the uterus, and the little hole or Os was so minute as to only admit with difficulty the head of a pin. Under ordinary circumstances an instrument called a "sound" can be passed into the cavity of the uterus without any trouble, but in this instance it could not be introduced at all; and all the parts, moreover, were extremely tender and congested. I told her that an operation was the only thing that could relieve her, and she consented to have it done at once. Before proceeding with it, it was necessary to ascertain whether the womb was permeable, and to that end I insinuated, with some difficulty, a thin cylinder of compressed seaweed, which, under the conditions of heat and moisture, swelled out

sufficiently to allow me to introduce the "sound," and thus enabled me to satisfy myself as to the state of things within. I subsequently performed the operation to which I have alluded above; and I have seldom, in the course of my professional experience, derived greater gratification from or afforded more profound satisfaction than by the results that accrued upon this treatment. The pain, which had hitherto made her writhe with torture, was almost absent at the next monthly period, and subsequently disappeared altogether; and to crown the whole proceeding, in six months after the operation she became pregnant, and in due time brought forth a strong healthy child, who became the means, not only of developing that beautiful instinct of maternal love which is innate and lies dormant in the heart of every properly constituted woman, but of winning back the affections of a husband whose early love was being slowly alienated by a series of domestic circumstances over which she had no control.

The next case that I will record is

rendered more vivid to my mind from the fact that it is only three days ago since the little girl connected therewith, for whose genesis into the world twelve months ago I am professionally responsible, was brought by her mother to be introduced to me. She is a sweet, blue-eyed, chubby little child, giving promise of a winning disposition and nice gentle ways, that any mother might well be proud of. And it gave me great pleasure to feel that I had been instrumental in bringing so bright a young life into the world, and of conferring, let me hope, unqualified happiness upon two human beings.

The lady who is the subject of these remarks came to me about two years ago, complaining of a distressing and disagreeable leucorrhœa, which was a source of much annoyance to her in many ways, and made her feel very languid and weak upon the least exertion. She, moreover, suffered considerable pain at her monthly epochs, and, in fact, never felt well for long at a time. She had been married for nearly

eleven years, since she was sixteen years of age, and never had had any signs of a family. Two years before coming to see me she had consulted a well-known London physician, a personal friend of my own, and a very clever man, who had operated on her, but without any benefit.

Examination disclosed a very tight stricture of the canal of the womb, and it was obvious that the parts had all completely contracted back again to the condition in which they originally were before the operation. This could not have taken place had the means for its prevention been adopted to which I have alluded before. I explained to her the present state of her case and what was required for her relief, and with her willing consent, operated soon after in the manner I have described in my article in the *Lancet*, and with the result I have stated above.

It has been a curious experience of mine that women who are sterile are often very pretty and graceful, and possess considerable intellectual vigour, but are at the

same time frequently very cold and unimpressionable, and require the constant stimulus of society, and sometimes even of alcoholic excitants, to keep them up to the level of their spirits. This temperament I have seen change in a remarkable way when such women have borne children, and the maternal instincts have been lighted up, their dispositions becoming warm and lovable where they had previously been cold and unsympathetic. Indeed, it is not an uncommon thing for such a wife, intellectually conscious of her defect, to seek advice on this ground alone; and the result of judicious instructions and treatment has often been of the happiest kind, and the means of altering the whole tenor of her life.

The two cases, out of many of a similar nature, that I have quoted above, are very typical ones, and present a series of symptoms which are usually met with under such conditions. But sometimes the subject of a stricture of the uterus is capable of conceiving and carrying on the process of pregnancy to a certain point, it may be

weeks or months, and then the fruition of all her hopes and desires invariably ends in abortion—her health becomes undermined by the repeated shocks to her nervous system and the losses of blood, and her mind unhinged and irritated by the successive disappointments and worries of her oft - recurring illnesses. The consequences of marriage under such circumstances are frequently so revolting and repellant that life is rendered a series of miseries and imminent risks, involving not only her own happiness but that of her husband. To relieve a wretched state of things like this is one of the happiest privileges of the gynæcologist, and the following case will illustrate the martyrdom endured by some women under the circumstances that I have described, and show the serious consequences that often ensue upon these repeated abortions.

Mrs. S——, aged twenty-three, residing in the north of London, came to see me some time ago, complaining of frequent pain and a continuous flux of blood for

the last six weeks, which the medicine she had taken had been unable to control. She thought it was due to a miscarriage, of which she had had a great many, but the discharge had never lasted so long before, though on one or two occasions she had lost a great deal and had been very ill. She had been married nearly four years, and had had eight or nine miscarriages during that time. She looked extremely wan and blanched, and her pulse indicated great prostration of strength. Local examination disclosed a dilated state of the uterine canal, with blood pouring freely through it, and the introduction of the "sound" the fact that the organ in question was nearly twice its natural size, and pointed to the conclusion that some of the constituents of a miscarriage were retained within, and were keeping up the hæmorrhage. I saw that her condition was an urgent one, for which medicine was useless; and as it demanded immediate operative measures for its relief, I sent her home for that purpose. As I have already published a work on abortion,

in which the treatment I then adopted is given at length, I will reproduce an extract from it which will go to show the serious risks that are sometimes run in not taking more active measures for its suppression at the onset.

“A sudden accession of severe hæmorrhage of any kind usually produces an alarm somewhat parallel to ‘fire,’ and any supineness at such a moment on the part of those who are called upon to act will certainly redound to their discredit with a force correlative to the situation. Urged by a keen remembrance of my own early perplexities and feelings of responsibility under such emergencies, I have been induced to record the history of a few cases in my own experience, in the hope that some younger brother may find them not only interesting but profitable. I am well aware that much of what I am about to relate has already been much better told by such men as Barnes and the American physician, Dr. Thomas. But with all deference to and admiration for the exhaustive, eloquent,

and classical works of the former, I respectfully submit that in many instances he has not entered sufficiently into detail to meet the very rudimentary knowledge of Gynæcology possessed by the generality of practitioners, owing to the practical neglect of this subject in the curriculum of their studies. The hæmorrhagic situation of any severity that most frequently claims the services of the general practitioner is undoubtedly abortion; and it is in the wise energy of treatment adopted that the young practitioner often lays the first foundations of that reputation which, growing by steady increments, culminates at last in the honourable and enviable position of a 'man in large practice.'"

It is not within the scope of this paper to give an exhaustive or detailed account of abortion in general, but only to deal with such cases as are of a more unusual and urgent nature, and which require the employment of remedies beyond those in common use. We will therefore dismiss from consideration its earlier manifestations, and

come upon the scene, as it were, after the surgeon has been sent for at its onset, and has exhausted the ordinary remedies, such as plugging the cervix-uteri and vagina, the extraction of any protruding structures, the application of cold, the administration of ergot, opium, turpentine, or other hæmoplastics, without being able to evacuate the uterus or control the hæmorrhage, while serious symptoms from syncope or septicæmia are beginning to manifest themselves. I think I shall best be able to elucidate this position by transcribing the notes of two cases, one of which I lately saw in consultation:—

Mrs. P——, aged thirty-five, multipara; last child born at full term is now six years old. Has aborted four times since then, and the attendant hæmorrhage has always been severe, “bringing her nearly to death’s door.” Became again pregnant about three months ago, and has now been flooding with more or less severity for the last fortnight. Her pulse is feeble and fast, her face somewhat blanched, and she is suffering

from great nervous excitation, from loss of blood and dread of the consequences. The ovum is supposed to have escaped amongst the clots, but has not been discovered. Turpentine has not been given, but the internal administration of ergot appears to have had no effect upon the hæmorrhage. Vaginal examination discloses the cervix open sufficiently to admit the index finger as far as the second joint, and a soft mass feeling like a placenta can just be touched within. Attempts to fix the uterus by means of pressure over the pubes, with the view of dilating digitally, having failed, I considered a moment whether to effect this purpose by means of a faggot of laminaria tents, or fix the uterus by means of a Vulsellum forceps, and do so digitally. Having decided upon the latter course as the more speedy—a matter of moment in her exhausted condition, and as easy of application because of the unusual thickness of the cervix, thus affording a safe grasp for the instrument—I placed the patient in a convenient posture on her left side, with the

nates well overhanging the bed and the knees well drawn up, and introducing the index and second fingers of the left hand into the vagina as far as the os, glided the Vulsellum, closed, along them, and then, carefully insinuating one of the claw-like blades within the cervix, firmly seized its anterior lip, taking care not to include within the grasp any folds or flexions of the vagina. I was thus able to gently draw the uterus within easy reach, and while the surgeon in attendance made firm pressure over the pubes, I passed my index finger farther and farther within the cavity, then the second finger also, and so on until it was sufficiently dilated to allow of my extracting what turned out to be a placenta somewhat firmly attached to the upper and right side of the uterus. During this proceeding I was able to ascertain that there was considerable metritic hypertrophy and induration of the uterus, and I was therefore dubious whether proper involution would follow the extraction of its contents; but I was pleased to find that it did; and as there

was no further hæmorrhage, I did not think it necessary to apply any styptic. I learned afterwards that the case did well, though probably the chronic metritis would be a source of metrorrhagia subsequently.

The next case to which I would wish to draw attention is one in which a portion of placenta was retained for five weeks after abortion, and becoming engrafted, as it were, to the lining membrane of the uterus, constituted that condition known as "placental polypus." I will simply transcribe my notes of this case also, as in the former instance, as I think this would be the most succinct and lucid manner of description.

Mrs. R——, aged forty-two, multipara; menstruated every three weeks, and profusely until some time in February 1880, and proceeded on her course without interruption until the 6th of May, on which day, owing to a slight slip in the scullery, she felt some "forcing pains," followed soon afterwards by hæmorrhage, and next morning by what she looked upon as a miscarriage. She stayed in bed for a few days,

and as the loss of blood increased she sent for a medical man, who, without making any local examination, pronounced her to be suffering from "the change," and prescribed accordingly. She continued to lose little or more during the next four weeks, when a sharper accession of flooding than any hitherto alarmed her so much that she was advised to seek further medical assistance, and I was sent for. On my arrival I heard the history of the case up to the point I have recorded; and it struck me at once that her own conception of her condition was the right one, and that some structure relative to the abortion was being retained within, causing all the mischief. I made a careful vaginal examination, and found the cervix dilated only sufficiently to admit the tip of the index finger. On introducing the "sound" it entered without any obstruction, but to a greater distance than normal—namely, four inches. Feeling convinced that it would be a loss of time, and unsafe, to treat the case by the internal administration of hæmostatics only, I at once intro-

duced a laminaria tent, as thick as could conveniently be entered, and plugging the vagina with cotton wool, to which tapes were attached for its easier withdrawal afterwards, prescribed a full dose of opium, and then left her, to seek the co-operation of a medical friend who practises in the neighbourhood. Within twelve hours we visited her together, and withdrew the tent, which had now dilated the cervix to about three times its previous calibre. I then introduced the finger as far as it could go, and sweeping it around the cavity of the uterus, felt something bulging from the surface, which at this point was a little rough. However, as I was unable to reach it sufficiently to make out its outlines or allow of removal, I introduced a faggot or bundle of laminaria tents to dilate the cervix still more. At ten o'clock next morning Dr. H—— and I visited her again, and I carefully withdrew each tent composing the bundle separately as far as I could do so. The cervix was now sufficiently open to admit easily the index and second fingers;

but as it is not easy to remove any substance from within the uterus unless it is first well fixed, and as pressure over the pubes, no matter how firmly applied, will not always do this efficiently, I caught its anterior lip with the Vulsellum forceps, as in the other case, and drawing it gently down, was thus enabled to insert the fingers easily and examine the bulging substance, which was about the size of a marble. I tried to twist it off with my fingers, but failing to do so, I wrapped a little cotton-wool around the sharp edge of the curette to moderate its cutting properties, and gently introducing it, carefully and with but little force dislodged the tumour from its attachments, and extracted it, taking care not to wound the lining membrane of the uterus during this proceeding. As the mucous surface for some distance around the situation of the attachment felt roughened and congested, I passed up a piece of cotton-wool soaked in a strong liniment of iodine, and swabbed it out well, for the combined purpose of acting as a styptic,

antiseptic, and local alterative. The hæmorrhage did not return, and the case did well. Placental polypi are frequently too firmly attached to be dealt with in the way I have described, and then they require to be removed by the *écraseur* or forceps.

In conclusion, I will briefly comment on one or two points connected with these cases, and some questions that naturally arise out of them. If it were asked what I should have done differently had I been sent for in the first instance, I should say, firstly, administered turpentine instead of ergot, which in my experience is a much more rapid and effectual styptic than the latter. Highly as I esteem the therapeutic action of ergot on the uterus, yet I have been so frequently disappointed by its results in abortion in the earlier months that I now place but little reliance upon it, and prescribe it only as adjunct and supplementary to other hæmostatics in the form of ergotine suppository or hypodermic injection. Where rapid results are desired,

turpentine is undoubtedly the better remedy of the two, but, of course, its use cannot be continued for any length of time, because of the painful strangury and other disagreeable symptoms it produces. And secondly, in multiparæ, where the passage is well dilated or easily dilatable, after I had satisfied myself that the hæmorrhage did not proceed from the denuded surface of the os, that the ordinary styptics had but little or no effect, that the cervix was open sufficiently to admit the tip of the finger, thus precluding all hopes of staying the abortion, and especially if symptoms of constitutional distress were beginning to manifest themselves, I should at once have introduced a laminaria tent, and evacuated the uterus in the manner I have described, or, at all events, have opened the door for Nature to have done so herself. Dr Barnes has insisted, whenever he could, that the best remedy for metrorrhagia is a patent os, and my experience emphatically corroborates his; therefore I think it is a very unscientific proceeding to keep plugging the vagina

day after day and week after week, as I have so often known it to be done, thus only procrastinating the inevitable, and placing the patient in a position of great danger from constant draining and septicæmia. It will probably have been noticed that I did not use any anæsthetics in either of the cases I have recorded. I think it is not often necessary to do so under such circumstances in fairly patient multiparæ, not only because the proceedings I have described are not generally very painful if conducted with proper care and gentleness, but also it is frequently very inconvenient to do so, and occupies important time. Where we have to deal with a primipara the case is altered, and they are then nearly a necessity, because of the pain attendant upon dilatation of the more or less contracted vagina.

In a subsequent paper I hope to have an opportunity of recording the history of two cases in which death was almost imminent from hæmorrhage caused by mucous polypus in the one instance, and profuse

mucous discharge from epithelioma of the os uteri in the other, both of which did well after operation.

The case of Mrs. S——, recorded above, did very well; and after her recovery she came to see me again, and ascertained that these repeated abortions were due to a **constricted state of the cervical canal** and the minuteness of the oral orifice. I recommended an operation for its cure, which she underwent, and within eighteen months after she gave birth to a full-timed and fine male child, and has had no abortions since.

Another very common cause of sterility in women is

UTERINE LEUCORRHŒA,

popularly known as “the whites,” and is a symptom of either a general bad state of health or of some local irritation or inflammation of the generative system itself. Young women who have not menstruated properly, who are pale and feeble, and have lived much in large cities or under conditions unfavour-

able to health, often suffer from this complaint, which ultimately brings on a series of other symptoms, such as loss of appetite, dyspepsia, palpitation, shortness of breath, and extreme constipation, the sum of which go to make up that general enervation of the mental and physical powers which is so frequently associated with it.

Leucorrhœa may also occur in young married women, from the effects of miscarriage setting up irritation or inflammation within the cavity of the womb, and leading to those slow changes in the nutrition of the parts that ultimately interfere with their functions. There are two factors, separate and yet dependent on each other, in the production of sterility under the circumstances here described, the one acting mechanically and the other physiologically. The mechanical impediment is due to the thick, tenacious, and jelly-like fluid that blocks up the canal and cavity of the womb, and prevents the fertilising elements from entering therein during marital intercourse. It is extraordinary what a large

quantity of this jelly-like matter may be secreted daily, and pass out of the body while the subject of it is sometimes unconscious of its existence. Should she be aware of it, and consult her local medical attendant, it is probable that he will prescribe the usual injections of alum, lead, or zinc, which she will use for months or years, as the case may be, without any benefit, because it is impossible that it can reach the seat of the disease, which demands for its cure the introduction into the womb itself of astringent remedies, which can only be applied through the medium of a special apparatus, and ought to be used with great care and caution.

The subjects of Leucorrhœa, as a general rule, are but too painfully conscious of its presence, and often describe the effects of this discharge as “draining their life and energies away.” The languor and nervous prostration that in some instances is consequent upon or associated with this symptom quite unfits the sufferer for the ordinary duties of life, and she be-

comes a chronic invalid, a misery to herself and a vexatious anxiety to her husband and friends. In some extreme cases the ordinary remedies are of no avail, and until recently many such were regarded as beyond the pale of hope. But by a new system of treatment, called "massage," the worst cases now recover perfectly, and are restored to active habits of life, and to the cheerfulness and pleasures to which they had long been strangers. I published the results of this mode of treatment, together with a series of cases to illustrate its wonderful effects, in the *Lancet* of June 1883, and I feel sure that I cannot do better than reproduce here some extracts from that article, which will speak for themselves:—

"About the middle of June 1881 I saw in consultation with my friend, Dr. H—— of Leytonstone, Miss A. C——, aged twenty-one, who for four years previously had been more or less a complete invalid. At the time of my visit she was much emaciated and very anæmic, had a small sluggish

pulse and an extremely apathetic expression of countenance ; her menstrual periods were very irregular and their character most capricious, being sometimes dysmenorrhagic and scanty, and at others profuse and painless. She had no appetite whatever, and for many months had 'not taken sufficient food to keep a baby alive,' her chief articles of diet being a little Nestle's food or arrowroot and occasionally a few spoonfuls of beef-tea. The least particle of meat or vegetable gave her intense gastrodynia, which usually ended in noisy retchings until the offending matters were brought up. She had frequent attacks of dyspnœa, often followed by a kind of cataleptic swoon, which sometimes lasted for hours. For the last twelve months she had passed the greater part of her time in bed, and almost exclusively occupied the services of a self-sacrificing sister. 'The doctor was never out of the house on her account,' and the whole family were in a chronic state of alarm at the constantly recurring prospects of her speedy demise. I felt that it would

be unwise to at once propose 'massage' in a highly nervous case like this, and so, after temporising for a while, I gradually obtained the consent of the family to this mode of treatment, and for that purpose she was admitted into a home hospital for gentlewomen on 13th July. It is unnecessary for me to recapitulate the various steps of this proceeding; it is sufficient for me to state that after the first week all her abnormal symptoms began to disappear with a rapidity that was truly marvellous, that at the end of the second she was eating and digesting a quantity of food that was almost incredible, and that she left the hospital within two months with an appearance of health, strength, and energy that astonished those who had known her previous condition. She gained flesh and colour rapidly under treatment, but I am sorry that I had not the means of ascertaining the exact amount of the latter.

"The next case is that of a young married lady, twenty-one years of age, who had been under my care for some time for gene-

ral debility, dyspepsia, and **cervical catarrh**, the results of a miscarriage eighteen months ago. She was a bright, intelligent patient, and felt acutely her constant drawbacks to the enjoyment of an easy and pleasant social position. She had no symptoms or history of hysteria, and had been fairly strong until the time alluded to, but since then had gradually lost strength, was fatigued on the slightest exertion, and suffered intensely from acute **gastrodynia** without any apparently correlative cause. She made but very unsatisfactory progress towards recovery until she commenced treatment by 'massage' on 10th November 1881, when the dyspeptic symptoms quickly disappeared, from which she has not since suffered, and she left the hospital within six weeks greatly improved in her health.

"The third case I will briefly describe as that of a lady, thirty years of age, who had become feeble and dyspeptic from the conjoined effects of rapid child-bearing, menorrhagia, from subinvolution, and chronic ulceration of the cervix-uteri. After a very

protracted term of treatment, with but little reparative effort on the part of her constitution, the primary causes of her illness were nearly all removed; but she still remained in a very weak state, and suffered much from gastrodynia and the many other morbid symptoms of a feeble digestion. Medicines and carefully carried out dietetic rules did her but little good, but in a few weeks, under the 'massage' treatment, she improved rapidly; the thickly coated tongue became clean for the first time during my knowledge of her, and she left the hospital within a month, having made more progress during that time than almost the whole period anterior to it.

"I feel that it would be wearisome to reiterate the history of all the cases that I have treated in this way, and so will content myself by expressing an opinion, founded on them, that in all cases of functional nerve prostration and its varied morbid consequences, 'massage' will seldom fail to effect a rapid cure, and that its influence upon the assimilative and digestive functions of the

stomach is especially remarkable. Its effectiveness in other forms of disease has yet to be proved, but I am inclined to think that its application will have a much wider range than has at present been assigned to it, and that it will be supplementary to other treatment in most cases where long-continued rest is necessary. I am employing it at the present moment in this way with great advantage in a case of fibroid degeneration of the uterus, with severe and long-standing menorrhagia. The marked anæmia is rapidly improving under its influence, the flesh becoming firmer, and the appetite and digestion greatly increased. It appears to do good also in another way, namely, by employing the patient's mind, and thus relieving the monotony of the recumbent position when long maintained.

“I think I have already borne sufficient testimony to the value of ‘massage’ in all functional derangements of the nervous system; but I have two cases under my care at the present moment which are such striking examples of its efficacy that I

will ask to be allowed briefly to record them.

“One is that of a young lady, about twenty-three years of age, the daughter of a Norfolk clergyman, who was sent to me three weeks ago suffering from hystero-epilepsy, with hysterical paralysis of a remarkable nature. She had been the subject of epilepsy since thirteen years of age, and had had an attack at night for many months at least once a week. Since beginning treatment there has not been a single seizure, and the hysterical paraplegia, with incontinence of fæces and urine, which prevented her from standing without assistance, has been so far relieved that she walked to church on Easter Sunday with one of the nurses. It may be said that ordinary treatment under bromide of potassium would have been as effectual, but though I admit that the epilepsy might have been equally well controlled by such means, I cannot think that so pronounced a paralytic symptom would have yielded in so short a time.

“The other case is that of a maiden lady, thirty-five years of age, who I went over to Holland to see in consultation with Dr. Van de Noordaa, of The Hague, under whose care she had been for two years. She had also seen the celebrated Dr. Metzger of Amsterdam; but all their remedies combined had failed to do her any good, and at the time of my visit she was getting rapidly worse, and had not left her room for more than a month. It appears that owing to over-study and too close application to her scholastic duties she had broken down, and become so nervous and whimsical as to be a misery to herself and a source of worry and anxiety to all around her. The case was quite easy to understand—the old story of mental strain and nervous shock, without any physical disease whatever. I felt sure that ‘massage’ and change of scene were the only means of saving her from the death or insanity that she believed would be the sole terminations to her sufferings; and with the consent of her friends, and after a great deal of persuasion on my part, she came

over with me to London three weeks ago for the purpose of that treatment, and is already able to walk about, eat well, sleep better, and take an interest in life and her surroundings."

The physiological impediment to conception present in some cases of leucorrhœa is due to an impoverished or vitiated state of the blood acting upon the genetic functions of the ovaries, and can only be removed by a general improvement of the health, which, as we have seen, in some instances requires the employment of remedies much beyond those in common use. After the leucorrhœa is cured, it is not an infrequent occurrence to find that the generative system is so debilitated as to require the direct application of a constant current battery to stimulate the parts to healthy action; but of this important mode of treatment I will speak farther on, when I am discussing the subject of **amennorrhœa** as a cause of sterility.

Another frequent factor in the production of this condition is

ULCERATION OF THE UTERUS,

a lesion that invariably commences by a slight redness or abrasion of the surface at the neck of the womb, and, eating away insidiously, month after month or year after year, produces a large, jagged, angry ulcer, which discharges a quantity of yellow matter, sometimes tinged with blood and occasionally very offensive. This redness or abrasion, instead of proceeding to ulceration, sometimes goes on to a slow form of hardening and enlargement, during the course of which there are frequent outbursts of inflammation in and around the structures of the womb, which fixes it immovably to the surrounding parts and unfits it for the efficient performance of its various functions. These conditions are very apt to arise in delicate women after marriage, from very slight causes, and as the initial stages, as has been seen, are usually very gradual and insidious, it can easily be understood how important it is that they should be recognised and treated as soon as

possible. One of the earliest symptoms of such invasion of the uterus is pain in the back and sides, one or both, just above the groins, with perhaps, even then, a slight discharge. Then next in order supervene excessive menstruation, loss of appetite, dyspepsia, wasting and weakness, increase of pain, which in the latter stages often becomes very acute and shoots down the thighs and sometimes upwards to the breasts, and at last a condition of physical and nervous prostration which quite unfits the poor sufferer for the purposes of marriage and the cares and duties of a household. This slow and almost imperceptible degradation of health is a most deplorable comment either upon the carelessness of the patient, who has failed to seek advice early enough, or the neglect of her medical attendant, who has misunderstood the significance of the symptoms or failed to suggest the necessity for further advice; thus the happiness of a fair young life is often sacrificed unnecessarily, and the beauty and brightness of a face, the lustre of the eyes,

and the contour of a form that was the pride and delight of her husband are allowed to lapse into premature old age and become wasted and unlovely. In the early stage ulceration of the uterus is very amenable to treatment; but when the bodily powers have broken down under the depressing influences of chronic irritation or the drain of a copious discharge, it is often very obstinate, and frequently demands the employment of measures much beyond those in common use. Every one who has had an opportunity of seeing many cases of this kind is aware how horrible sometimes is the appearance presented by chronic ulceration or hyperplasia of the uterus, and what patience and endurance are often required, both on the part of the patient and the medical attendant, to persevere in a mode of treatment both tedious and troublesome. I have lately employed thermo-cautery in some of those bad cases with very striking success, and have thus been able to burn away the proud-flesh and cancer-like growth of years in a very short time. There is no

danger and little or no pain involved in its application, but, of course, it must be employed with care, and only by those who are familiar with its use. I could give many instances of the success that has attended this mode of treatment, but the narration would be tedious and uninteresting, and of little practical benefit to the reader. It will be sufficient if I have succeeded in showing how important it is that this disease, so trifling in its origin, should be attended to at its very onset, or at least as soon after its discovery as possible, and treated with the utmost skill and care, as otherwise it must lead to slow changes in the generative system, by which not only is health seriously undermined, but the natural and felicitous purposes of marriage altogether defeated.

When the redness and abrasion, which constitutes the initial stage above alluded to, does not go on to ulceration, it often proceeds to a very remarkable process of hyperplasia and softening, and ultimately to induration.

HYPERPLASIA

simply means a sub-acute or chronic form of inflammation, which slowly leads to the results above stated. This condition is very prone to arise upon miscarriage, and especially where there has been much loss of blood, or the patient has neglected to take proper precautions against cold or has got up too soon after. Miscarriage during the first six or twelve months of marriage is much more frequent than is supposed, and very much more serious than it is usually regarded. It is a frequent factor in leucorrhœa, as has been seen, and a common cause of ulceration, and of this very enlargement in which we are now concerned. A woman miscarries, and for some reason the womb does not close up properly; blood is persistently attracted to the parts, and the initial stage of a formidable state of things has already commenced. If we could see her at this time, draw a little blood locally, and keep her in bed, she would be all right in a few days or weeks; but she

goes on, unfortunately suffering too little pain or inconvenience at the time to have her mind attracted to the evil, until a series of these symptoms set in which have already been described. She may or may not have consulted a local medical man; however, here she is now for advice, and tells us the old, old story of health degraded, hopes deferred, and a heart sick with disappointment. An examination is made, and what do we see? Instead of a uterus weighing from an ounce to an ounce and a half, with a pale pink-coloured mucous lining, free from discharge and moderately elastic, you find an organ two, three, and four times the usual size, with the mucous lining scarlet or purple, a thick, glairy discharge issuing from within, and the whole texture of the womb either "boggy" and swollen with congestion or hard as a stone. Here you have a chronic state of things, which requires time and trouble to set right, and in its worst aspect is often incurable; but patience and perseverance will accomplish most things, as the following case will illustrate:—

A lady came to see me yesterday who had been under my care two years ago for a very severe form of congestion and enlargement of the womb, which resisted treatment for a long time. She is now thirty-five years of age, has been seven years married, and has had no children. She stated that she had not menstruated since the 10th of March last, and that her local medical man attributes this to "the change." But a neighbour living next door is afraid that she has a tumour. Examination places it beyond doubt that she is at least five months pregnant, for the child's heart can be heard quite plainly by the aid of the stethoscope, and all her other symptoms point to this conclusion. Of course she was astonished at my diagnosis, and received it at first with with some incredulity, but I prevailed on her to at once engage the services of her accoucheur and nurse, and on leaving asked her to "give my compliments to her neighbour, and say that she is perfectly right. It is a 'tumour,' but one that will quite disappear on the advent of the baby."

Another symptom which is frequently observed in sterile women is

SCANTY MENSTRUATION.

This points to the conclusion that the genetic forces of the ovaries are at fault and their functions weakened in some way. Some women, as it is well known, menstruate much more freely than others; but before deciding whether a certain quantity is too little or too much it is necessary to ascertain what amount is normal in each. I am not now concerned with that frequent suspension of the menstrual function that is so common in girls between fifteen and eighteen years of age, and which constitutes that disease known as **Chlorosis** or "green-sickness." I wish only to deal here with that particular form of scanty menstruation which is sometimes found in married women, and which is due to altogether different causes. In this condition there is no malformation of the womb, nor any evidence of disease affecting it, but the menstruation is irregular,

usually painless, and seldom lasts more than a day or two. Women like this are often inclined to be stout, have flushed and congested complexions, frequently suffer from indigestion, and are usually deficient in sexual feeling. They have often a marked objection to active exercise, and are prone to be moody and apathetic, and **dysparunia** is often a prominent symptom.

Suitable medicine will often relieve a condition like this, but in some cases it is utterly futile for such a purpose, and then I have found the local application of galvanism produce the most striking results. I have lately had under my care a young lady suffering from all the typical symptoms that I have described, and who had taken all sorts of medicine in vain. I tried her at first with a succession of my most favourite remedies, including a preparation of *Manganthes trifoliata*, with reduced iron, but to no purpose. I then applied the electrodes of a constant current battery to the uterus, and in a few weeks she menstruated quite naturally, and in a short time

lost all the distressing symptoms from which she had suffered.

Besides these constantly occurring causes of sterility which I have mentioned, there are other isolated ones which present themselves now and then in the course of practice. It is not necessary, and it would be somewhat impracticable, to give a detailed account of all these under any special heading, but I will allude to a few in a cursory manner that have come under my observation at various times, and the reader will see how trifling, sometimes, are the impediments to conception. Three years ago a tall handsome woman came to see me, stating that she had been four years married, had lived with her husband constantly since then, but was still intact. Investigation into the history of her case disclosed an impediment to the consummation of marriage of so trifling a nature that it seemed almost incredible that it could have acted as such. I was able to relieve the difficulty in a short time, and after a second visit she wished me good-bye. She called, however,

to see me again in three months afterwards, complaining of being very ill, and in the most naïve and innocent manner informed me that the chief feature of her malady was "morning sickness." I will leave the reader to guess what this arose from. At all events, I heard that in due time she presented her husband with a little girl, whose acquaintance I had the opportunity of making when she was twelve months old, when she was brought to consult me for a slight renal difficulty.

Another cause of sterility which I have frequently met with, and which, because of this very frequency, I ought not perhaps to place in the category of casual ones, is a

RELAXED CONDITION OF THE VAGINAL PASSAGE.

I have known the greatest unhappiness and heart-burning to arise from this source, which, irrespective of causing sterility, is often a serious bar to the efficient performance of marriage. For some reason or

other in such a case all the structures in the immediate neighbourhood have become relaxed and flaccid, and lose their muscular contractility; the entrance to the parts lie open and "feel weak," and there is generally a greater or less quantity of leucorrhœal discharge. Owing to the absence of this contractility and normal tonicity of the structures, **insemination** is incomplete, and the fertilising element, unable to be retained during coition, is ejected immediately after its reception, thus rendering the act abortive, to the disappointment and annoyance of those concerned. Extreme cases of this kind are capable of being cured, or greatly relieved, by a modification of an operation which is known to the profession under the title of "posterior colporophy," and which has been very successful in my hands. It has often been a wonder to me the fortitude with which women bear some terrible cross in life without a murmur, bravely hiding it from the knowledge of the world and suffering all alone. Indeed, none but women themselves, and those who have

much to do with them, can know how sad is their lot sometimes, and how patient and long-suffering they are, and how brave as compared to men in the endurance of pain. The condition that I have described is generally a most unhappy one, and from its very nature cannot be confided lightly to another. It is, therefore, to open the door of knowledge and point out a way of escape to such sufferers that I have alluded so plainly to this matter.

As this is not intended for a scientific and exhaustive work on sterility, I feel that it would be tedious to the reader to set down here a dry catalogue of the various conditions of the uterus which act as impediments to conception, especially as many diseases which in the ordinary way are not a bar in this respect may, under certain circumstances, become so, and one is constantly meeting with isolated examples of this kind which it would be impossible to anticipate. For instance, at the end of last year a lady came over from America to be under my care for a profuse and constant discharge, tinged

with blood, from which she had suffered a long time; she had been under treatment in New York without any benefit, had been married several years, and had had no children. Examination disclosed a vascular tumour of a spongy character growing from the mucous membrane that lines the canal of the womb, which had completely blocked up the entrance to that organ, and of course was an impassable barrier to pregnancy. I burnt it away at two sittings with a platinum rod heated by electricity, and she left me perfectly cured within three weeks. I have not since heard from or seen her, and so cannot tell the result, but as the generative system was otherwise quite healthy, I have little doubt but in due time she will fulfil the law of her being and the dictum of old time, "Increase and multiply and replenish the earth."

Finally, I may state that there is a form of sterility due to the results of various indiscretions which cannot with propriety be alluded to here, and can only be made the subject of discussion during the inter-

view between patient and consultant. With these remarks I will bring my subject to a conclusion ; but before doing so, I would ask the reader's attention for a few moments while I point out the practical outcome of the experience which I have here recorded. In the first place, as has been stated, nine-tenths of the cases of sterility are due to a stricture of the uterine canal, and, as has been shown, the old operation for the relief of this condition is not only very painful, but in its general results altogether futile for that purpose. If the reader will refer to the extract from my published article on this subject, he will find in what essential particulars the mode of operation there described claims to be superior, and what the points are that render it nugatory in one case and permanently effective in the other. I may also here state that since publishing that article I have become in a position to substitute the words "quite painless" for "almost painless" employed therein—because by now applying locally the solution of an alkaloid, cocaine,

the wonderful properties of which have been discovered since then, all feeling can be suspended in the parts concerned, and the operation literally performed painlessly ; and lastly, by the aid of "massage" and the direct application of electricity, we are often able to recuperate the physical and nervous powers and restore the functions of the womb when all other remedies have conspicuously failed to do so. Sterility is a subject that has not hitherto received that practical attention which it appears to me to deserve, and with the great body of the profession is considered quite outside the sphere of its concern and notice. In my experience it has been the source of much unhappiness and disappointment, and has often led to the disintegration of those domestic interests and affections which the beautifying and chastening influences of parental love would have but strengthened and nourished as the years went on. If through the medium of this little book a lost happiness shall be restored to a cheerless home, and a tottering virtue firmly

enthroned on that purest of all affections, the love of offspring, I shall feel that I have not written in vain, and that a want the existence of which I have long felt has been thus supplied, however feebly.

APPENDIX.



SINCE going to press such a remarkable illustration of the recuperative power of "massage" has presented itself to me, that I cannot resist the temptation of adding it to the cases that I have already recorded. On Thursday the 23d of October last a patient presented herself at my consulting-rooms and "would not give her name." On being shown in a young lady entered with a demonstrative strength of step, looking the picture of health. "You don't remember me, I see," she said, observing my lack of recognition. "I cannot say I do." "I thought you wouldn't," she replied, "and so I would not give my name; don't you remember Miss M. K——?" I remembered her now, but the change in her appearance was so marvellous that it was no wonder that I

did not recognise her at first. The following was her history :—

In June 1883 I received a letter from a medical man stating that he had read my article on “massage” in the *Lancet* of that month, and was so struck with the facts related therein that he would be glad to place a patient of his under my care to undergo that mode of treatment. Arrangements were made for her to come to a private medical establishment near me for that purpose, and I ascertained the following history. She was twenty-four years of age, and had not been well since she was eighteen, at which time she gradually began to lose strength and appetite, and to suffer great pain at her menstrual periods. Within a year she was so feeble that she could scarcely walk, and for three years previous to her visit to me had not left her room, and had quite lost the use of her lower limbs. Several eminent physicians had from time to time been called in consultation over her case, but she had slowly gone from bad to worse, and was now suffering great pain in the spine, and could not

put one foot before the other. Before submitting her to any treatment I put her through a most searching and crucial objective and subjective examination—for it was necessary to ascertain as clearly as possible whether her symptoms were due to some organic disease of the spine or to nerve prostration only. After duly weighing the evidence on both sides, which I confess was unusually complex and involved, I arrived at a clear conviction that hers was a neurasthenic paralysis, and not an organic lesion. As soon as I had satisfied myself on this point she was placed under the “massage” treatment, and within a fortnight a distinct advance in the strength of the limbs was apparent, and she was able to walk across her room with the assistance of the nurse. In less than a month she could ascend and descend, with the aid of the banisters, a flight of stairs consisting of a dozen steps, and within two she walked out of the institution practically well, requiring time only to accomplish a complete cure. Within a few weeks of her departure she returned to

Scotland, and in a few months wrote to say that she was getting on very well, and climbing about the hills in the neighbourhood of her house. On the occasion of her visit to me the other day I found nothing whatever the matter with her, and she had as perfect use of her limbs as any one could desire.

THE END.

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